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The Sexual Health Needs of Adolescent Boys Involved in a Pregnancy

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Abstract

Objectives: Little is known about fatherhood in middle adolescence. In order to better understand their sexual health needs, we describe relationship characteristics, perception of masculinity and associated STI risk behaviors in a community-based sample of urban middle adolescent boys who have fathered a child or been involved with a pregnancy.

Methods: We employed venue-based sampling to recruit 339 boys (14-17 years old) in neighborhoods with high STI prevalence. We administered a brief survey on sexual, relationship and pregnancy history, STI risk, juvenile justice involvement, and masculinity.

Results: Fifteen percent had either fathered a child or been involved with a pregnancy. In multivariate analysis, controlling for age and ethnicity, adolescent fathers were more likely to be involved with juvenile justice and engage in STI risk behaviors. These included condom non-use and partner checking a cell phone. Although of borderline significance, older partners, past STI testing, and drug or alcohol use at last sex improved model fit.

Conclusion: Adolescent fathers have distinct relational and sexual health needs. Their specific needs should be targeted by prevention programs.

Implications and Contribution: Most research on young men involved in pregnancy is with older adolescents/young adults, and in clinical or institutional settings. Using community engagement and venue-based sampling, this study describes sexual behaviors, masculinity, and relationship characteristics among 14-17 year old boys who have caused a pregnancy. Findings identify their distinct sexual health needs.

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Keywords

Adolescent Male; Sexual Behavior; Venue-Based Sampling; Fatherhood; Pregnancy; Masculinity; Community-based research

Introduction

While adolescent girls' experiences of pregnancy and motherhood are well described, less is known about adolescent boys involved in a pregnancy or who have fathered a child. Similar to adolescent mothers, studies focused on environmental influences have found that adolescent fathers are more likely than non-fathers to come from high poverty environments and have less educated parents, many of whom were adolescent parents themselves [1]. Epidemiologic and economic research shows that adolescent fathers have less education, lower earning potential, and engage in delinquent behavior [1, 2]. Data on the individual, relationship and behavioral drivers leading to adolescent fatherhood are mixed. While conventional wisdom suggests that masculinity is important [3], qualitative work describes either mixed findings or less conventional views on caregiving, love, and intimacy [4, 5].

Much of our understanding of adolescent fathers comes from research with older adolescent and young adult fathers [5]. However, middle adolescents (14-17 year olds) have different sexual health needs [3], and experience relationships and masculinity differently than young adults [6]. Most studies of adolescent parents are conducted in schools, clinics, or parenting programs, leading to sampling biases. Community samples are needed. We use a community-based sampling approach to compare relationship characteristics, perception of masculinity and associated risk behaviors of adolescent boys 14-17 years old who have fathered a child or been involved with a pregnancy, compared to those who have not been involved with a pregnancy.

Methods

Participants

As as part of a larger study of boys' sexually transmitted infections (STI) in community settings, we recruited 14-17 year old self-identified males from community venues (schools, parks, community events, apartment complexes, etc.) located in or adjacent to urban high STI prevalence zip codes in Indianapolis. The refusal rate was 37%. Details on venue-based sampling are available in Ott, et al [7].

Procedures

The study was IRB approved with parental permission waived. Participants completed a 15-minute iPad survey, provided urine for gonorrhea/chlamydia DNA-based testing, and were compensated $20 . This analysis focused on pregnancy. Participants were considered to have experienced vaginal sex if they answered "yes" to: "In your whole life have you had vaginal sex?" Participants were considered to have been involved in a pregnancy or fathered a child if they answered "yes" to either, "Have you ever fathered a child" or "Have you ever gotten someone pregnant?" Other measures included sexual behaviors (lifetime oral, anal or vaginal

sex), relationship characteristics (age of partner, in a relationship with last partner), conventional masculine values (3 items, range 0-12) [8], and associated STI and pregnancy risk behaviors. Risk behaviors included perpetration and victimization from interpersonal violence (IPV, have you ever hit, slapped or kicked your partner, and has your partner ever hit, slapped or kicked you), monitoring of cell phones (ever checked your partner's cell phone or have your partner check your cell phone), drug and alcohol use at last sex, and lifetime juvenile justice involvement (ever arrested, detained or on probation).

Analysis

Analysis was limited to participants with vaginal sexual experience to compare those with pregnancy involvement to those at-risk for pregnancy. Bivariate analyses were done with chi-square, t-tests, and ANOVA. Logistic regression models compare adolescent boys who have been involved in a pregnancy or fathered a child, with those who have not. All analyses were adjusted for age and ethnicity. Starting with measures significant in bivariate analysis, we used a stepwise method to select predictors, eliminating non-significant predictors from the final model.

Results (Table 1)

Three hundred thirty nine boys out of 667 recruited reported lifetime vaginal sexual experience, had a mean age was 16.0 years, and most were African American or white, reflecting the neighborhoods of central Indianapolis. Sixty-one (15%) reported either involvement in a pregnancy or fathering a child (hereafter referred to as "adolescent fathers"). In bivariate analysis (table 1), compared to non-fathers, adolescent fathers had higher rates of juvenile justice involvement (arrest, detention/incarceration, or probation), were more likely to be STI tested, and had higher agreement with conventional masculine values. Adolescent fathers reported higher rates of lifetime vaginal and oral sex, recent sexual activity, and STI risk behaviors, including condomless sex, >5 lifetime partners, and alcohol/drug use at last sex. In relationships, adolescent fathers reported higher rates of partners more than 2 years older and higher rates of victimization including IPV and partner checking their cell phone. Fathers and non-fathers were equally like to report currently being in a relationship with their last sexual partner (e.g. girlfriend/boyfriend, baby's mother).

In multivariate analysis (table 2), older age and African American or mixed ethnicities increased the odds of adolescent fatherhood. Controlling for age and ethnicity, a juvenile justice history, condomless sex, and partner checking cell phone were significant predictors. Alcohol and drug use at last sex, past STI testing, and older partners were of borderline significance but increased the amount of variance explained by the model (table 2). Other variables were not significant.

Discussion

These findings highlight the different sexual health needs for boys who have been involved with a pregnancy or fathered a child. Lower rates of condom use have implications for STI/HIV prevention. Studies of middle adolescent boys show lower relationship power and high rates of victimization compared to girls or older adolescent boys [9, 10]. Our findings

of higher rates of a partner checking one's cell phone (one type of controlling behavior), and older partners among adolescent fathers argue for increased attention to relationship power in prevention messages targeting middle adolescent males. An increased involvement in juvenile justice places pregnancy as part of a broader set of social and health risks in boys' lives.

Strengths of the study are its sample size, ability to capture out-of-school youth, and sampling venues that could potentially be used as intervention sites. Limitations include a lack of information on sexual orientation and partner gender, and the use of a sampling method dependent upon venue attendance. Findings from this study can help community-based pregnancy prevention initiatives address the distinct needs of middle adolescent boys who have been involved with a pregnancy or fathered a child.

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Table 1:

Characteristics, Sexual Health Outcomes and Sexual Behaviors Among Adolescent Fathers and Non-Fathers in High STI Prevalence Communities

	All sexually active n(%) or mean(SD) n=399	Fathers n(%) or mean(SD) n=61	Non-fathers n(%) or mean(SD) n=338
Characteristics			
Age (years)	16.0 (±1.0)	16.5 (±0.7)	16.0 (±1.0) ***
Race			
White	111(28%)	4 (7%)	107 (32%) ***
African American	227 (57%)	46 (75%)	181 (54%)
Latino	23 (6%)	3 (5%)	20 (6%)
Mixed race/other	38 (10%)	8 (13%)	30 (9%)
Juvenile Justice Hx	165 (43%)	43 (74%)	122 (38%) ***
Sexual Hx & Outcomes			
Chlamydia or Gonorrhea positive	22 (6%)	6 (10%)	16 (5%)
Hx STI testing lifetime	120 (30%)	33 (55%)	87 (26%) ***
Conventional masculine values (range 0-12, higher = more conventional values)	7.0 (1.8)	7.6 (2.2)	6.9 (1.7) *
Sexual Behaviors – Past 3 months			
Vaginal Sex	288 (73%)	52 (87%)	236 (70%) **
Received Oral Sex	264 (67%)	51 (86%)	213 (63%) ***
Gave Oral Sex	134 (34%)	30 (51%)	104 (31%) **
Received Anal Sex	23 (6%)	4 (7%)	19 (6%)
Gave Anal Sex	50 (13%)	11 (19%)	39 (12%)
STI Risk Behaviors			
Condom non-use last sex	143 (39%)	39 (67%)	104 (34%) ***
> 5 lifetime partners	143 (36%)	42 (69%)	101 (30%) ***
Partner > 2 yrs older	62 (17%)	17 (30%)	45 (15%) ***
Drug/EtOH use last sex	110 (30%)	31 (53%)	79 (25%) ***
Relationship Behaviors			
In a relationship with last sex partner	184 (47%)	26 (43%)	158 (47%)

	All sexually active n(%) or mean(SD) n=399	Fathers n(%) or mean(SD) n=61	Non-fathers n(%) or mean(SD) n=338
Perpetrated IPV	35 (9%)	8 (14%)	27 (8%)
You checked partner's cell	147 (38%)	29 (51%)	118 (36%) *
Victim of IPV	99 (25%)	25 (44%)	74 (22%) ***
Partner checked your cell	208 (54%)	43 (74%)	165 (50%) ***

*** p<.001,

** p<.01,

* p<.05,

ξ p<.10 (bivariate analysis)

Table 2:

Multivariate Logistic Regression Model of Factors Associated with Adolescent Fatherhood among Sexually Experienced 14-17 year old Boys in a High STI Prevalence Community

Characteristic	Beta	SE	DF	T statistic	OR	95% CI
Intercept	−18.05	4.22	323	−4.28		
Age	0.74	0.24	323	3.01	2.09	(1.29, 3.38) **
Race/Ethnicity						
White (ref)						
African American	1.92	0.62	323	3.13	6.85	(2.04, 22.98) **
Latino	1.24	0.93	323	1.34	3.44	(0.56, 21.25)
Mixed/Other	2.19	0.81	323	2.69	8.91	(1.80, 44.15) **
JJ Involvement	0.97	0.40	323	2.45	2.65	(1.21, 5.80) *
Lifetime STI testing	0.72	0.38	323	1.89	2.06	(0.97, 4.38) ξ
> 5 lifetime partners	0.45	0.42	323	1.08	1.57	(0.69, 3.55)
Partner > 2 yrs older	0.73	0.43	323	1.69	2.07	(0.89, 4.84) ξ
Drug/EtOH use last sex	0.70	0.39	323	1.80	2.01	(0.94, 4.30) ξ
Condom non-use last sex	0.84	0.39	323	2.17	2.32	(1.08, 4.96) *
Partner checked your cell	1.15	0.42	323	2.78	3.17	(1.40, 7.18) **
Model: Chi Square=83.38 (p<.001) R2=0.22						

*** p<.001,

** p<.01,

* p<.05,

ξ p<.10 (multivariate analysis)